

Washington State Combined Application Program (WASHCAP)  
**WASHCAP APPLICATION/  
ELIGIBILITY REVIEW**

**WASHCAP is a program that lets you get food benefits when you get SSI.**

By signing below, I declare that:

- I have been told about WASHCAP;
- I have been given a WASHCAP brochure;
- I understand my WASHCAP rights and responsibilities; and
- I understand that I will receive my food benefits through WASHCAP.

I declare that:

- I live alone, or I buy and fix my food separately from other people in my house.
- I pay \$\_\_\_\_\_ for rent/mortgage each month.  
(my share)

I understand that I can choose to apply for food assistance from the regular food benefits program instead of WASHCAP if I pay more than:

- \$35 a month for medical costs; or
- \$544 a month for non-utility shelter costs.

**I state that everything on this application is true to the best of my knowledge. I know that if I leave out or give incorrect information on this form on purpose, the laws of the State of Washington consider it perjury.**

PRINT NAME	SOCIAL SECURITY NUMBER OR CLIENT ID
ADDRESS	TELEPHONE NUMBER
	MESSAGE/CELL PHONE NUMBER
SIGNATURE	DATE